

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB Approva

OMB Number Expires:

3235-0076 May 31, 2005 Estimated average burden hours

per response



| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)                 |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Elekta AB 2004 Share Unit Plan   |  |  |  |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506                                    | ☐ Section 4(6) ☐ ULOE                    |  |  |  |  |  |  |  |  |
| Type of Filing: New Filing   | DDACECER                                 |  |  |  |  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA   |  |  |  |  |  |  |  |  |  |
| 1. Enter the information requested about the issuer  |  |  |  |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                   |  |  |  |  |  |  |  |  |  |
| Elekta AB  |  |  |  |  |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)                                      | Telephone Number (including AFeal GAUSON |  |  |  |  |  |  |  |  |
| Box 7593, 10393 Stockholm, Sweden  | +46 8 587 254 00 FINANCIAL               |  |  |  |  |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)                          | Telephone Number (including Area Code)   |  |  |  |  |  |  |  |  |
| (if different from Executive Offices) idem   | +46 8 587 254 00                         |  |  |  |  |  |  |  |  |
| Brief Description of Business  |  |  |  |  |  |  |  |  |  |
| Type of Business Organization  |  |  |  |  |  |  |  |  |  |
| □ Corporation    □ Iimited partnership, already formed   | other (please specify):                  |  |  |  |  |  |  |  |  |
| business trust limited partnership, to be formed   |  |  |  |  |  |  |  |  |  |
| Month  | Year                                     |  |  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:   | 9 4 🛛 Actual 🗍 Estimated                 |  |  |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; |  |  |  |  |  |  |  |  |  |
| CN for Canada; FN for other foreign jurisdiction)  | FN                                       |  |  |  |  |  |  |  |  |
| CENTRAL MODELLOTONS  |  |  |  |  |  |  |  |  |  |

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter □ Beneficial Owner ☐ Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Leksell, Laurent Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** □ Director General and/or Managing Partner Full Name (Last name first, if individual) Seddigh, Akbar Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Barella, Johannes Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden Check Box(es) that Apply: ☐ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Karlsson, Tommy Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** Director Managing Partner Full Name (Last name first, if individual) Palmstierna, Carl Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** □ Director General and/or Managing Partner Full Name (Last name first, if individual) Schmidt, Magnus Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Stieber, Volker Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden

| A. BASIC IDENTII   | FICATION DATA       |            |                                       |
|--|---------------------|------------|---------------------------------------|
| Check Box(es) that Apply:  Promoter Beneficial Owner   | Executive Officer   | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual) van Oortmarsen, Gerry   |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                     |            |                                       |
| Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden  |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual)  Jachinowski, Joseph  |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                     |            |                                       |
| Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden  |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual)   |                     |            |                                       |
| Bergström, Håkan   |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | ☐ Director | General and/or                        |
| Check Box(es) that Appry. Tromoter Beneficial Owner  | ✓ Executive Officer | ☐ Director | Managing Partner                      |
| Full Name (Last name first, if individual)   |                     |            |                                       |
| Glans, Sverker   |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                     |            |                                       |
| Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden  |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual)   |                     |            |                                       |
| Puusepp, Tomas   | <del></del>         |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | X Executive Officer | Director   | General and/or                        |
|  |                     |            | Managing Partner                      |
| Full Name (Last name first, if individual) Sedihn, Johan   | <del></del>         |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                     |            |                                       |
| Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden  |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  |                     | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual)   |                     |            | · · · · · · · · · · · · · · · · · · · |
| Ejemyr, Peter  |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                     |            |                                       |
| Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden  |                     |            |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | ☐ Director | General and/or Managing Partner       |
| Full Name (Last name first, if individual)   |                     |            |                                       |
| Isberg, Karin  |                     |            |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code) Box 7593, Kungstensgatan 18, 103 93 Stockholm, Sweden |                     |            |                                       |

| A. BASIC IDENTIFICATION DATA                |                               |  |                                       |                                 |  |  |  |  |  |  |
|---|-------------------------------|--|---------------------------------------|---------------------------------|--|--|--|--|--|--|
| Check Box(es) that Apply:  Promoter         | ☐ Beneficial Owner            |  | Director                              | General and/or Managing Partner |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |                               |  | · · · · · · · · · · · · · · · · · · · |                                 |  |  |  |  |  |  |
| Thunman, Åsa                                |                               |  |                                       |                                 |  |  |  |  |  |  |
| Business or Residence Address (Number and S | treet, City, State, Zip Code) |  |                                       |                                 |  |  |  |  |  |  |
| Box 7593, Kungstensgatan 18, 103 93 Sto     | ckholm, Sweden                |  |                                       |                                 |  |  |  |  |  |  |

|   | B. INFORMATION ABOUT OFFERING  |            |           |                           |              |              |              |           |             |            |         |             |            |           |    |
|---|--|------------|-----------|---------------------------|--------------|--------------|--------------|-----------|-------------|------------|---------|-------------|------------|-----------|----|
| 1.  | Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? |            |           |                           |              |              |              |           |             | Yes        | No      |             |            |           |    |
|   | Answer also in Appendix, Column 2, if filing under ULOE.   |            |           |                           |              |              |              |           |             |            |         |             |            |           |    |
|   | What is the minimum investment that will be accepted from any individual?                            |            |           |                           |              |              |              |           |             |            | s N/A   |             |            |           |    |
|   |  |            |           |                           |              | •            | ·            |           |             |            |         |             |            | Yes       | No |
| 2.  | 2. Does the offering permit joint ownership of a single unit?  |            |           |                           |              |              |              |           |             |            |         | $\boxtimes$ |            |           |    |
|   |  |            |           | •                         | -            | -            |              | will be n | oid or aive | n directly | orindir | otly ony    |            |           |    |
| 3. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |            |           |                           |              |              |              |           |             |            |         |             |            |           |    |
|   | Name   | (Last na   | me first, | if individu               | al)          |              |              |           |             |            |         |             |            |           |    |
| n/a<br>Puci   | necc o   | r Deside   | noa Add   | ress (Numb                | par and Str  | aat City S   | State 7 in ( | ~ode)     |             |            |         |             |            |           |    |
| Dusi  | 11622 01   | Reside     | nce Addi  | iess (ivuiii              | er and sur   | eet, City, s | state, Zip ( | Loue)     |             |            |         |             |            |           |    |
| Nam   | e of A   | ssociate   | d Broker  | or Dealer                 |              |              |              |           |             |            |         |             |            |           |    |
|   |  |            |           | ed Has Sol<br>k individua |              |              |              |           |             |            |         |             | 🗀 A        | II States |    |
| `   | [AL]   |            | [AK]      | [AZ]                      | [AR]         | [CA]         | [CO]         | [CT]      | [DE]        | [DC]       | [FL]    | [GA]        |            | [ID]      |    |
|   | [IL]   |            | [IN]      | [IA]                      | [KS]         | [KY]         | [LA]         | [ME]      | [MD]        | [MA]       | [MI]    | [MN]        | [MS]       | [MO]      |    |
|   | [MT]   |            | [NE]      | [NV]                      | [ HN ]       | [NJ]         | [ NM ]       | [NY]      | [NC]        | [ND]       | [OH]    | [OK]        | [OR]       | [PA]      |    |
|   | [RI]   |            | [SC]      | [SD]                      | [TN]         | [TX]         | [UT]         | [VT]      | [VA]        | [WA]       | [WV]    | [WI]        | [WY]       | [PR]      |    |
| Full  | Name   | (Last na   | me first, | if individu               | ial)         |              |              |           |             |            |         |             |            |           |    |
| Busi  | ness o   | r Reside   | nce Addi  | ress (Numb                | per and Str  | eet, City, S | State, Zip ( | Code)     | . <u>.</u>  |            |         |             |            |           |    |
| Nam   | e of A   | ssociate   | d Broker  | or Dealer                 |              |              |              |           |             |            |         |             |            |           |    |
| State   | es in W  | hich Per   | rean Liet | ed Has Sol                | icited or Ir | tends to S   | olicit Purc  | hacere    |             |            |         |             |            |           |    |
| (Che  | ck "Al   | Il States' | or chec   | k individua               | al States)   |              |              |           |             |            |         |             | 🔲 A        | II States |    |
| [A]   | L)   | [AK]       | [AZ]      | [AR]                      | [CA]         | [CO]         | [CT]         | [DE]      | [DC]        | [FL]       | [GA]    | [HI]        | [ID]       |           |    |
| [1]   | L}   | [IN]       | [IA]      | [KS]                      | [KY]         | [LA]         | [ME]         | [MD]      | [AM]        | [MI]       | [MN]    | [MS]        | [MO]       |           |    |
| ( M.  | Г]   | [NE]       | [NV]      | [ NH ]                    | [NJ]         | [ MM ]       | [NY]         | [NC]      | [ND]        | [OH]       | [OK]    | [OR]        | [PA]       |           |    |
| [R  |  | [SC]       | [SD]      | [TN]                      | [TX]         | [UT]         | [VT]         | [VA]      | [WA]        | [WV]       | [WI]    | [WY]        | [PR]       |           |    |
| Full  | Name   | (Last na   | me first, | if individu               | al)          |              |              |           |             |            |         |             |            |           |    |
| Busi  | ness or  | Reside     | nce Addi  | ress (Numb                | er and Stro  | eet, City, S | State, Zip ( | Code)     |             |            |         |             |            |           |    |
| Nam   | e of A   | ssociate   | d Broker  | or Dealer                 |              |              | . =14        |           |             | <u> </u>   |         |             |            |           |    |
|   |  |            |           | ed Has Sol<br>k individua |              |              |              |           |             |            |         |             | <b>Π</b> Δ | ll States |    |
| (A)   |  | [AK]       | (AZ)      | [AR]                      | (CA)         | [CO]         | [CT]         | [ DE ]    | [DC]        | [FL]       | [GA]    | [HI]        | (ID)       |           |    |
| []]   | -  | (IN)       | [IA]      | [KS]                      | [KY]         | [LA]         | [MA]         | [MD]      | [ME]        | [MI]       | [MN]    | [MS]        | [MO]       |           |    |
| [M:   |  | [NE]       | [NV]      | [NH]                      | [NJ]         | [MM]         | [NY]         | [NC]      | [ND]        | [OH]       | [OK]    | [OR]        | [PA]       |           |    |
| (R:   |  | [SC]       | [SD]      | [TN]                      | [TX]         | [UT]         | [VT]         | [AV]      | [WA]        | [WV]       | [WI]    | [WY]        | [PR]       |           |    |

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Type of Security Price Already Sold Debt..... \$ Equity..... Common Preferred Convertible Securities (including warrants)..... 677,262 Partnership Interests..... Other ..... Total ..... 14,617,580 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 9,451,022 Non-accredited Investors..... 5,166,559 Total (for filings under Rule 504 only)..... N/A Answer also in Appendix, Column 3, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the

| Type of offering   | Type of<br>Security                          | Dollar<br>Amount Sold |
|--|--|-----------------------|
| Rule 505   |  | \$                    |
| Regulation A   |  | \$                    |
| Rule 504   |  | \$                    |
| Total  |  | \$                    |
| offering. Exclude amounts relating solely to organization expenses of the issuer. The inform given as subject to future contingencies. If the amount of an expenditure is not known, furnis and check the box to the left of the estimate. |  |                       |
| Transfer Agent's Fee   | \$   |                       |
| Printing and Engraving Costs   | \$ _<br>\$ _                                 |                       |
| Printing and Engraving Costs   | \$ _<br>\$ _<br>\$ _                         | 12,000                |
| Printing and Engraving Costs   | \$<br>\$<br>\$<br>\$                         | 12,000                |
| Printing and Engraving Costs         □           Legal Fees         □           Accounting Fees         □           Engineering Fees         □   | \$ _<br>\$ _<br>\$ _<br>\$ _<br>\$ _         | 12,000                |
| Printing and Engraving Costs   | \$<br>\$<br>\$<br>\$<br>\$                   | 12,000                |
| Printing and Engraving Costs   | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 12,000                |

|     | b.                        | Question 1 and t  | nce between the aggregate offo<br>otal expenses furnished in resp<br>"adjusted gross proceeds to th  | onse to Part              | t C-Question 4.a. Th                           | is                   |          |             | \$                                   |            | 14,6        | 05,580-             |
|-----|---------------------------|---|--|---------------------------|--|----------------------|----------|-------------|--------------------------------------|------------|-------------|---------------------|
|     | used<br>estin             | d for each of the p<br>mate and check th<br>al the adjusted gro | nount of the adjusted gross pro<br>urposes shown. If the amount<br>e box to the left of the estimate<br>ess proceeds to the issuer set for | for any purple. The total | pose is not known, fu<br>of the payments liste | irnish an<br>ed must |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          | Ó<br>Dire   | ments to fficers, ectors, & filiates |            |             | yments to<br>Others |
|     |                           | Salaries and fees   | ***************************************  |                           |  |                      | $\Box$   | \$          | Tittacs                              | П          | \$          | Others              |
|     |                           |   | estate   |                           |  |                      |          | \$          |                                      | -          | \$          |                     |
|     |                           | Purchase, rental  | or leasing and installation of n   | nachinery an              | nd equipment                                   |                      |          | \$          |                                      |            | \$          |                     |
|     |                           |   | leasing of plant buildings and   |                           |  |                      |          | \$          |                                      |            | \$          |                     |
|     |                           |   | ther businesses (including the   |                           |  |                      |          |             |                                      | -          |             |                     |
|     |                           |   | y be used in exchange for the a  |                           |  |                      | _        |             |                                      |            | _           |                     |
|     |                           |   | rger   |                           |  |                      |          | \$          |                                      | -님         | <u>\$</u>   |                     |
|     | Repayment of indebtedness |   |  |                           |  |                      |          | \$          | 605 600                              | - 님        | 2           |                     |
|     |                           | • .   |  |                           |  |                      |          |             | ,605,580                             | - 님        | \$          |                     |
|     |                           | Other (specify)   |  |                           | 1**************************************        | ••••••               | Ш        | \$          |                                      | _ [_]      | \$ <u> </u> |                     |
|     |                           |   | <del> </del>   |                           |  |                      | $\Box$   | ď           |                                      |            | _           |                     |
|     |                           | <u> </u>  |  |                           |  |                      | $\vdash$ | \$          |                                      | -님         | \$          |                     |
|     |                           |   |  |                           |  |                      |          |             | N7 6                                 | را.<br>مور | \$          |                     |
|     |                           | Total Payments L  | isted (column totals added)  |                           | ***************************************        |                      | •••••••  |             | ⊠ \$                                 | 14,0       | 05,5        | 30                  |
|     |                           |   | •  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           | - <del>;</del>  |  |                           | RAL SIGNATUR                                   |                      |          |             |                                      |            |             | <del></del>         |
|     |                           |   | this notice to be signed by the dertaking by the issuer to furn  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   | he issuer to any non-accredited  |                           |  |                      |          |             | on winten                            | eque       | St O1 1     | is starr, the       |
|     |                           | rint or Type)   | io iosaer to any non accreance   | Signat                    |  | (0)(2) 01 10         | uio se   | <u>-:</u>   | Date                                 |            |             |                     |
|     |                           | AB  |  | l o.b.i.a.                | 2  | 2                    |          | _           | October                              | 21.2       | 2005        |                     |
|     |                           |   |  |                           |  |                      |          | <del></del> |                                      |            |             |                     |
| Nam | e of                      | Signer (Print or T  | ype)   | Title                     | Signer (Print or Ty                            | pe)                  |          |             |                                      |            |             |                     |
| Tom | as P                      | uusepp  |  | Presid                    | ent and CEO                                    |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           | 1   |  |                           |  |                      |          |             |                                      |            |             |                     |
|     |                           |   |  |                           | TENTION  |                      |          |             |                                      |            |             |                     |
|     |                           |   | Intentional misstate   |                           |  |                      |          | fede        | ral                                  |            |             |                     |
|     |                           |   | crimina  | l violatior               | ns. (See 18 U.S.C                              | C. 1001.)            | i        |             |                                      |            |             |                     |

#### APPENDIX

#### Addendum to Form D

Explanations and foot notes to Elekta AB filing of SECURITIES AND EXCHANGE COMMISSION, FORM D: NOTICE OF SALE OF SECURITIES, PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

### The Elekta AB 2004 Share Unit Plan

The Limited Offering Exemption refers to a Share Unit Plan offered to selected employees of the Elekta group by the parent company, Elekta AB, a publicly traded company listed on the Stockholm Stock Exchange in Sweden.

A share unit means that an eligible employee will be granted a stock option that gives the possibility to acquire Elekta shares of class B provided that the employee invests in a certain number of Elekta shares on the public market and retains such shares until the stock option is exercised or expires ("mandatory shares"). The ratio between the employee's share investment and the number of shares which can maximum be acquired at exercise of the stock option shall be determined by the Board for each employee within the range of 1:20 to 1:100 where the ratio shall increase in proportion to the fewer shares that can be acquired upon exercise of the granted stock option. If the employee does not make the required share investment before 31 December 2005 the stock option will terminate. The company will not be involved in any way in the employees' acquisition of mandatory shares. The employees are required to use their own stock broker for the acquisition.

In the 2005grant, the stock options shall in case of target performance and fulfillment of other vesting conditions in total entitle to 1,900,000 class B shares of the Company. However, should the financial performance targets be succeeded for fiscal year 2005/06 (over-performance), the stock options may additionally entitle to maximum totally 285,000 shares. Hence, in case of over-performance the grant may in total entitle to maximum 2,185,000 shares.

The commitment to deliver shares upon exercise of stock options granted 2005 is secured by the issuance of a subordinated debenture with detachable warrants for subscription of new class B shares of the Company in accordance with the Swedish Companies Act. The stock option is therefore structured in the way that a stock option formally gives right to acquire warrants. However, upon exercise of the stock option the employee must also immediately exercise the warrants acquired by subscription of new shares (one warrant gives right to subscribe for one share class B). The employee has no possibility to retain the warrants without an immediate exercise or dispose of the warrants in any other way than an immediate exercise. In principle, exercise of the stock option thus means acquisition of shares. The exercise price is because of the structure divided into (1) the price to acquire warrants upon exercise of the stock option which is SEK 6 per warrant and (2) the subscription price to subscribe for a share upon exercise of the warrant which is SEK 123.50 per share. However, since exercise of the stock option and exercise of the warrants acquired happens simultaneously, the total exercise price of SEK 129.50 must be paid by the employee as a lump sum.

# Share Unit Plan offering to US employees of the Elekta group

The 2005 offering of the Elekta AB 2004 Share Unit Plan has been made to fifty employees of Elekta Inc., of Norcross, GA and IMPAC Inc, of Mountain View, CA. At target performance the aggregate offering to these individuals will be for 870,000 Elekta AB shares. Depending on the financial performance of the Elekta group in 2005/06 the actual number of shares that the ten employees may purchase under the 2004 Share Unit Plan may vary from 435,000 to 1,000,500.

## **APPENDIX**

### **Footnotes**

Point B1. At target financial performance, the lowest number of shares that any offered stock option will cover is 7,500 shares. The figure stated represents the total exercise price of an offered stock option which covers 7,500 shares at target financial performance, which is equivalent of 7,500 shares times the exercise price of 129.50 SEK or around \$16.80 (SEK/USD exchange rate of 7.7075 at the date of the offering), thus a total exercise price of \$126.014.

However, the employee may accept the stock option partially and in principle the employee can accept the stock option so that it only will cover one warrant (share). Thus, the minimum investment that would be accepted from any employee would be the total exercise price of one share, i.e. 129.50 SEK or around \$16.80. On the other hand, provided the stock option is fully accepted and at financial over-performance a stock option which covers 7,500 shares at target performance will maximum instead cover 8,625 shares, thus a total exercise price of \$144,916.

Point C1. Equity corresponds to the offer to subscribe for 870,000 shares at a price of 123.50 SEK or around \$16.02 each.

Convertible securities correspond to the aggregate offer to acquire 870,000 warrants at a price of 6 SEK or around \$0.78 each.

In case of maximum over-performance (additionally 130,500 shares), the figures would instead be \$16,031,137 (Equity) and \$778,852 (Convertible securities) respectively.

Point C4. Legal fees are an estimate for the assistance in legal and tax evaluation of the offering in the US as well as a proportion of the estimated cost for design and implementation of the 2005 grant of the Elekta AB 2004 Share Unit Plan related to the US participants.